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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|------------------|
| Attorney Docket Number | Lighthouse - 005 |
| First Named Inventor | Betty Bird |
| COMPLETE IF KNOWN | |
| Application Number | |
| Filing Date | |
| Art Unit | |
| Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONSUMER CARE MANAGEMENT METHOD AND SYSTEM*(Title of the Invention)*

the specification of which

 is attached hereto**OR**

was filed on (MM/DD/YYYY) 01/13/2004 as United States Application Number or PCT International

Application Number PCT/US2004/000838 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? YES | Certified Copy Attached? NO |
|-------------------------------------|---------|----------------------------------|--------------------------|------------------------------|-----------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: **51413** OR Correspondence address below

Name _____

Address _____

| | | |
|------|-------|-----|
| City | State | ZIP |
|------|-------|-----|

| | | |
|---------|-----------|-----|
| Country | Telephone | Fax |
|---------|-----------|-----|

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

| | |
|---|--|
| Given Name (first and middle [if any]) BETTY | Family Name or Surname BIRD |
|---|--|

| | |
|---|--------------------------|
| Inventor's Signature  | Date 1/13/2004 |
|---|--------------------------|

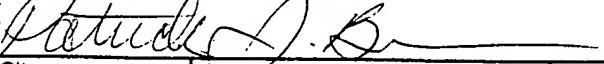
| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address _____

| | | | |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

| | |
|--|--|
| Given Name (first and middle [if any]) PATRICK J. | Family Name or Surname BENSON |
|--|--|

| | |
|---|--------------------------|
| Inventor's Signature  | Date 1/13/2004 |
|---|--------------------------|

| | | | |
|-----------------|-------|---------|-------------|
| Residence: City | State | Country | Citizenship |
|-----------------|-------|---------|-------------|

Mailing Address _____

| | | | |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

Additional inventors or a legal representative are being named on the **3** supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/SB/02A (08-03)

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 1 of 3

| | | | |
|--|-------|---|-------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) TANA | | Family Name or Surname D'ALLURA | |
| Inventor's Signature <i>Tana D'Allura</i> | | Date 1-13-04 | |
| Residence: City Mailing Address | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) JOSEPHINE | | Family Name or Surname DEFINI | |
| Inventor's Signature <i>Josephine Defini</i> | | Date 1/13/2004 | |
| Residence: City Mailing Address | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) MICHAEL L. | | Family Name or Surname FISCHER | |
| Inventor's Signature <i>Michael Fischer</i> | | Date 1/16/2004 | |
| Residence: City Mailing Address | State | Country | Citizenship |
| Mailing Address | | | |
| City | State | Zip | Country |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

PTO/SB/02A (08-03)

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| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| Page <u>2</u> of <u>3</u> | | |

| | | | |
|---|-----------------------------|---|-----------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| JOSEPH R. | | LAURENZANO | |
| Inventor's Signature | <i>Joseph R. Laurenzano</i> | | Date <u>1/13/04</u> |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| EDWARD | | MARTINEZ | |
| Inventor's Signature | <i>EJ</i> | | Date <u>1/13/2004</u> |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| NANCY C. | | PASKIN | |
| Inventor's Signature | <i>Nancy C. Paskin</i> | | Date <u>1/16/04</u> |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

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PTO/SB/02A (08-03)

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| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet |
| | | Page <u>3</u> of <u>3</u> |

| | | | |
|---|----------------------------|---|------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| MARTIN S. | | YABLONSKI | |
| Inventor's Signature | <i>Martin S. Yablonski</i> | | Date <u>01/13/2004</u> |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | Zip |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | Date | | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | Zip |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | Date | | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | Zip |

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-----------------------------|
| Application Number | PCT/US2004/000838 |
| Filing Date | 13 January 2004 |
| First Named Inventor | Bird, Betty |
| Title | Consumer Care Management... |
| Art Unit | |
| Examiner Name | Nora Lindner |
| Attorney Docket Number | LTHS 1013081 |

I hereby appoint:

 Practitioners associated with the Customer Number:

51413

OR

 Practitioner(s) named below:

| Name | Registration Number |
|----------------------|---------------------|
| Marc E. Hankin, Esq. | 38,908 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

| |
|--|
| |
|--|

OR

| | | |
|-------------------------------------|-------------------------|----------------------|
| <input checked="" type="checkbox"/> | Firm or Individual Name | Marc E. Hankin, Esq. |
|-------------------------------------|-------------------------|----------------------|

| | |
|---------|-----------------------|
| Address | 11414 Thurston Circle |
|---------|-----------------------|

| | | | | | |
|------|-------------|-------|----|-----|-------|
| City | Los Angeles | State | CA | Zip | 90049 |
|------|-------------|-------|----|-----|-------|

| | |
|---------|-----|
| Country | USA |
|---------|-----|

| | | | |
|-----------|--------------|-----|--------------|
| Telephone | 310-892-1613 | Fax | 310-471-7612 |
|-----------|--------------|-----|--------------|

I am the:

 Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|----------------|
| Signature |  | Date | 11/12/04 |
| Name | Barbara M. Silverstone, DSW | Telephone | (212) 821-9200 |
| Title and Company | President and CEO, Lighthouse International | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | PCT/US2004/000838 |
| Filing Date | 13 January 2004 |
| First Named Inventor | Bird, Betty |
| Art Unit | |
| Examiner Name | Nora Lindner |
| Attorney Docket Number | LTHS 1013081 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

51413

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

51413

OR

| | |
|--|----------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Marc E. Hankin, Esq. |
|--|----------------------|

| | |
|---------|-----------------------|
| Address | 11414 Thurston Circle |
|---------|-----------------------|

| | | | | | |
|------|-------------|-------|----|-----|-------|
| City | Los Angeles | State | CA | Zip | 90049 |
|------|-------------|-------|----|-----|-------|

| | |
|---------|-----|
| Country | USA |
|---------|-----|

| | | | |
|-----------|--------------|-----|--------------|
| Telephone | 310-892-1613 | Fax | 310-471-7612 |
|-----------|--------------|-----|--------------|

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------------------|
| Signature | <i>Barbara M. Silverstone</i> |
|-----------|-------------------------------|

| | |
|------|--|
| Name | Barbara M. Silverstone, DSW, President and CEO, Lighthouse International |
|------|--|

| | | | |
|------|------------|-----------|----------------|
| Date | 11/12/2004 | Telephone | (212) 821-9200 |
|------|------------|-----------|----------------|

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 2 forms are submitted.

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